



*Protecting, maintaining and improving the health of all Minnesotans*

March 16, 2010

Charlie Oribamise, Administrator  
Clinton Care for Me Home #26852  
2147 University Avenue West, Suite 209  
St. Paul, MN 55114

RE: Letter of Warning/Response/Attestation Statement dated January 15, 2010

Dear Mr. Oribamise:

This letter acknowledges receipt of letter dated Feb 3, 2010, from Clinton Care for Me Home in St. Paul, MN.

The Minnesota Department of Health received a letter from Clinton Care for Me Home in St. Paul, MN dated February 3, 2010. The letter dated February 3, 2010, states that "Clinton Care for Me Home in St. Paul, MN will no longer provide housing with services and will not provide assisted living services."

Please note that the Letter of Warning and the response from Clinton Care for Me Home in St. Paul, MN will remain on record at the Minnesota Department of Health. This closure letter does not preclude the Minnesota Department of Health from taking further action with respect to the failure to meet the minimum requirements of MN Statute 144G. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

If you have any questions, feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped initial "J".

Jean Johnston, Program Manager  
Case Mix Review Program

01/07 AL Letter D CMR



*Protecting, maintaining and improving the health of all Minnesotans*

Certified Mail #7008 0150 0001 1713 6949

January 15, 2010

Charlie Oribamise, Administrator  
Clinton Care for Me Home #26852  
2147 University Avenue West, Suite 209  
St. Paul, MN 55114

Re: Letter of Warning

Dear Mr. Oribamise:

The above establishment was visited on December 1, 2009, for the purpose of assessing Clinton Care for Me Home compliance with State statutes. At the time of the survey, the reviewer(s) from the Minnesota Department of Health noted one or more assisted living requirements under MN Statute 144G were not met. The Minnesota Department of Health has sufficient information to allege that Clinton Care for Me Home, in St. Paul, MN is not meeting the following provisions of MN Statute 144G:

**1. MN Statute 144G.03 Subd. 2 (b) 6**

Based on record review and interview the licensee failed to provide a means for assisted living clients to request assistance 24 hours per day, seven days per week for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services at the establishment on September 1, 2009. The Housing with Services contract, dated September 2, 2009, indicated a "staff person would be available 24/7 who is able to respond to emergencies and located in the same building".

When interviewed, December 1, 2009, the owner stated the Personal Care Attendant (PCA) is in the home from approximately 3 p.m. to 7 a.m. every day. The owner stated there would be full time PCA services after the home had more clients. When interviewed, December 1, 2009, client #1 stated that when she first was admitted she accompanied the PCA wherever he went, however, she did not like going with him at all times, and requested to stay alone at home during the day.

**2. MN Statute 144G.03 Subd. 2 (b) 8**

Based on record review and interview the licensee failed to make available all required supportive services for one of one client's (#1) records reviewed. The findings include:

Client #1 began receiving care at the establishment on September 1, 2009. The owner had registered the housing with services as "assisted living". The housing with services contract, dated September 2, 2009, for client #1, stated, "Supportive services available through base rent-meals-at least two meals a day".

When interviewed, December 1, 2009, the owner stated the client purchased her own groceries and generally made her own meals. When interviewed, December 1, 2009, client #1 stated she purchased her own groceries, made her own meals, and if she requested, the personal care attendant (PCA) would assist her in meal preparation.

**3. MN Statute 144G.03 Subd. 2 (b) 9**

Based on record review and interview the assisted living establishment failed to make the uniform consumer information guide available for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving care at the establishment on September 1, 2009. The owner had registered the housing with services as "assisted living" with the Minnesota Department of Health. The establishment had not provided client #1 with a copy of the uniform consumer information guide.

When interviewed, December 1, 2009, the owner stated he was not aware of the need to provide a copy of the consumer information guide to clients or prospective clients of the housing with services. When interviewed, December 1, 2009, client #1 stated she had not received the uniform consumer guide from the establishment.

**4. MN Statute 144G.03 Subd 3 (a) 4**

Based on record review and interview the establishment failed to include a statement disclosing the establishment's qualification for exemption from awake-staff in the housing with services contract for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services at the establishment on September 1, 2009. The owner had registered the housing with services as an "assisted living." The housing with services contract for client #1, dated September 2, 2009, did not disclose the intent to rely on the awake-staff exemption.

When interviewed, December 1, 2009, the owner stated the client was verbally told of the awake-staff exemption and when the housing with services had more clients, the staff would be required to stay awake, however, since there was only one client and one personal care attendant (PCA), the PCA required some sleeping time.

When interviewed, December 1, 2009, client #1 stated she had not been told at the time of admission that there was an awake-staff exemption.

#### **5. MN Statute 144G.03 Subd 4**

Based on record review and interview the establishment failed to offer a nursing assessment prior to moving in for one of one client's (#1) record reviewed. The findings include:

Client #1 began receiving services at the establishment on September 1, 2009. The owner had registered the housing with services as an "assisted living". Client #1 was not offered a nursing assessment prior to move in.

When interviewed, December 1, 2009, the owner stated a nursing assessment had been provided after client #1 moved into the housing with services establishment.

Besides the instance(s) cited in this letter, if the housing with services is using the words "assisted living" in other means that violate the provisions of MS 144G.02, Subdivision 1, that should also be covered in your response to this letter.

To respond to this Letter of Warning please complete the enclosed form which includes a brief statement of actions taken to address the failure(s) to meet requirements noted above, and an attestation statement concerning compliance with MN Statute 144G. The form should be signed by an individual authorized to sign on behalf of the establishment.

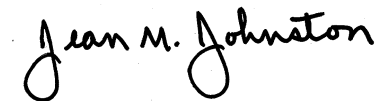
This information must be submitted to the Minnesota Department of Health within 30 days of receipt of this letter. If you do not respond to this Letter of Warning, the Minnesota Department of Health may take further action which could include a referral to another governmental agency, and/or action for injunctive relief in district court.

This Letter of Warning and your response do not preclude the Minnesota Department of Health from taking further action with respect to the failure to meet the minimum requirements described in this letter. The Minnesota Department of Health reserves the right to pursue any and all actions specified under Minnesota Statute §144G.02 Subdivision 2.

The requirements of MN Statute 144G can be viewed by accessing the Minnesota Department of Health website at: <http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html> and clicking on the Assisted Living link.

If you have questions, feel free to call our office at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large initial "J" and "M".

Jean Johnston, Program Manager  
Case Mix Review Program

Attachments

01/07 AL Letter A CMR



Housing with Services Establishment  
**MN STATUTE 144G ASSISTED LIVING CHECKLIST**

Registered nurses from the Minnesota Department of Health (MDH) use this Check List during on-site visits to determine if a Housing with Services (HWS) establishment who represents itself as assisted living or offers assisted living services meets the MN Statute 144G minimum requirements. Registrants may use the optional HWS Assisted Living Worksheet which is available on the MDH web-site to communicate how they meet the requirements. Completing the HWS Assisted Living Worksheet in advance may facilitate the MN Statute 144G review process.

During an on-site visit, reviewer(s) will interview staff and clients and/or their representatives, make observations and review documentation. The review is an opportunity for the Housing with Services establishment to explain to the reviewer(s) what systems are in place to assure the minimum assisted living requirements are met.

The minimum requirements of MN Statute 144G are reviewed during a home care provider survey. A determination is made whether the requirements are met or not met.

<b>Reviewer Checklist to determine need to review HWS for Compliance with MN Statute 144G</b>	
HWS Name: <u>Clinton Care For Me Home</u>	Review done in conjunction with a survey of Home Care Provider name: <u>CARE FOR ME NURSING SERVICES I</u>
HWS HFID: <u>26852</u>	
Date(s) of review: <u>December 1, 2009</u>	Home Care Provider HFID: <u>24856</u>
If the answer to any of the questions below is yes, 144G applies and the HWS will be reviewed for compliance with 144G.	
A. Did the HWS indicate that they provide assisted living on their annual registration? <input checked="" type="checkbox"/> YES <span style="float: right;">144G.03 Subd. 1</span> <input type="checkbox"/> NO	
B. Does the signage for the building include the words assisted living? <input type="checkbox"/> YES <span style="float: right;">144G.02 Subd. 1</span> <input checked="" type="checkbox"/> NO	
C. Does the HWS brochure or other available marketing materials state that assisted living is offered? <input checked="" type="checkbox"/> YES <span style="float: right;">144G.02 Subd. 1</span> <input type="checkbox"/> NO	
D. Does any person or entity verbally represent this as assisted living? <input checked="" type="checkbox"/> YES <span style="float: right;">144G.02 Subd. 1</span> <input type="checkbox"/> NO	

**Directions: Review the entire building for compliance with 144G if the HWS establishment states assisted living is available in the entire building. When assisted living is only available and provided in designated portions of the building, review only the designated portions of the building.**

Reviewer Checklist for Compliance with MN Statute 144G	
<p>1. Do staff members have access to an on-call registered nurse 24 hours a day 7 days a week?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)4</p>	<p>5. Is the uniform consumer guide with current information provided to assisted living clients?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)9</p>
<p>2. Is there a means for assisted living clients to request assistance 24 hours a day seven days a week?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)6</p>	<p>6. Are the following required supportive services made available to assisted living clients?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)8</p> <p><input type="checkbox"/> Two meals per day</p> <p><input checked="" type="checkbox"/> Weekly housekeeping</p> <p><input checked="" type="checkbox"/> Weekly laundry service</p> <p><input checked="" type="checkbox"/> Reasonable assistance with transportation to appointments</p> <p><input checked="" type="checkbox"/> Reasonable assistance accessing community resources</p> <p><input checked="" type="checkbox"/> Periodic opportunities with socialization</p>
<p>3. Is there a system to check on assisted living clients at least daily?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)5</p>	<p>7. Does the HWS provide all of the following minimally required health-related services?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> Med admin or assist with med admin and</p> <p><input checked="" type="checkbox"/> At least three of the following ADL's</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Bathing</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Dressing</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Grooming</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Eating</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Transferring</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Continence care</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Toileting</p> <p style="text-align: right;">144G.03 Subd. 2(b)1</p>
<p>4. Are there staff members available and awake 24 hours per day, seven days a week to respond to client health and safety needs?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 2(b)7</p> <p>If yes, you may skip 4a and 4b</p> <hr style="border-top: 1px dashed black;"/> <p>4a. If the answer to 4 is no, does the HWS claim the 24/7 awake staff exemption?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 3 (a)6</p>	<p>8. Are assisted living clients offered a nursing assessment by a registered nurse prior to move in?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 4</p>
<p>4b. If the above answer if YES, do they meet the awake staff exemption criteria?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> Capacity to serve twelve or fewer assisted living clients.</p> <p><input type="checkbox"/> Responding person is present in HWS</p> <p><input type="checkbox"/> HWS contract discloses exemption</p> <p><input checked="" type="checkbox"/> System is compatible with health, safety and welfare of clients.</p> <p><input checked="" type="checkbox"/> Exemption was disclosed on HWS application/renewal.</p> <p style="text-align: right;">144G.03 Subd. 3</p>	<p>9. Does the HWS identify a person or persons to work with assisted living clients related to concerns regarding the arranged home care provider?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">144G.03 Subd. 5</p>

## **MN Statute 144G Review Results:**

\_\_\_\_\_ All Areas of MN Statute 144G listed on page 2 of this document were met.

For areas of MN Statute 144G not met, list the statute number and the findings.

### **1. MN Statute 144G.03 Subd. 2 (b) 6**

Based on record review and interview the licensee failed to provide a means for assisted living clients to request assistance 24 hours per day, seven days per week for one of one client's (#1) record reviewed. The findings include:

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### **2. MN Statute 144G.03 Subd. 2 (b) 8**

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Based on record review and interview the establishment failed to include a statement disclosing the establishment's qualification for exemption from awake-staff in the housing with services contract for one of one client's (#1) record reviewed. The findings include:

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When interviewed, December 1, 2009, the owner stated a nursing assessment had been provided after client #1 moved into the housing with services establishment.

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A draft copy of this completed checklist was faxed to Charlie Oribamise prior to a teleconference on December 8, 2009. The final MN Statute 144G Assisted Living Checklist will be sent to the Housing with Services establishment. If you have any questions about the MN Statute 144G Assisted Living Checklist, please contact the Minnesota Department of Health, (651) 201-4301. After review, this checklist will be posted on the MDH website. General information about the use of the title assisted living is available on the MDH website at <http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html> and clicking on the assisted living link.

Statutes can be viewed on the Internet at: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)